STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G266	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL SERVICES SUB LLC	2840 JOHN ST NEW HARMONY, IN 47631

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for a pre-determined full recertification and state licensure survey. Survey Dates: October 25, 26, 29 and 30, 2012 Facility Number: 000786 Aim Number: 100248990 Provider Number: 15G266 Surveyor: Mark Ficklin, Medical Surveyor III These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed November 2, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (#2) with adaptive equipment, to provide client #2 with training for the care of and the refusal to wear her prescribed (full time wear) eyeglasses. Findings include: An observation was done at the group home on 10/26/12 from 6:35a.m. to 8:18a.m. Client #2 did not wear nor was she prompted to wear eyeglasses during the observation. Record review for client #2 was done on 10/29/12 at 12:15p.m. Client #2's 3/15/12 eye exam indicated client #2 had prescribed eyeglasses, "wear full time." Client #2 had a 8/1/12 individual support plan (ISP). Client #2's ISP did not have documentation of a training program in place to address client #2's care of and refusal to wear prescribed eyeglasses. Interview on 10/29/12 at 12:45p.m. of	W0436	Client #2 was taken for an eye exam with Dr. Keitel on 10/31/12. Glasses were ordered that day and ready for pick up on 11/15/12. An IDT meeting was held on 11/15/12 to discuss care for Client #2's glasses and her refusals to wear her glasses. An adaptive equipment tracking sheet was placed in the home on 11/15/12. Staff will monitor usage daily to encourage utilization and monitor needed repairs. Staff received training on 11/02/12 to improve employee accountability to ensure consumers are using adaptive equipment and the equipment is in good repair. Home Manager to review data weekly and Program Director to review data monthly to ensure proper tracking of usage and repairs is being completed. An IDT meeting will be held as needed to review any further issues regarding this matter.Responsible staff: Direct Support Professional's, Home Manager, Program Director	11/29/2012

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	professional staff #1 indicated client #2 had eyeglasses. Staff #1 indicated client #2 refused to wear her eyeglasses. Staff #1 indicated client #2 currently did not have a pair of eyeglasses and was not sure how they had been broken. Staff #1 indicated client #2 did not have a training program in place to address the care of her eyeglasses and the refusal of wearing them. 9-3-7(a)			

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W0488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 2 of 2 sampled clients (#1, #2), and 2 additional clients (#3, #4), the facility failed to encourage clients to participate in meal preparation (lunch preparation) to the extent they were capable. Findings include: During the 10/26/12 observation period between 6:35a.m. to 8:18a.m. at the group home, facility staff did not encourage clients (#1, #2, #3, #4), to participate in all aspects of the meal (lunch) preparation. At 6:52a.m., staff #4 custodially packed the lunches for clients #1, #2, #3 and #4. Staff #4 put chips, raisins and brownies into each client's lunch box. Staff got out lunch meat, cheese, mustard and mayonnaise. Staff #4 prepared a sandwich for each client without client assistance. Staff #4 put the prepared sandwiches into each client's lunchbox. Interview of staff #1 on 10/29/12 at 12:45p.m. indicated all the clients were capable of assisting with the preparation of their lunches. Staff #1 indicated the clients should have been more involved	W0488	Staff received training on 11/02/2012 regarding food/ nutrition and active treatment. The training was to improve employee understanding of active treatment as it applies to food and nutrition.Administrative staff to do active treatment observations and meal time observations twice a week until 11/29/12 to ensure clients are actively participating in meal preparation. After 11/29/12 Administrative staff will continue to monitor mealtimes ongoing on a regular basis. Responsible staff: Direct Support Professional's, Home Manager, Program Director	11/29/2012

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	with the lunch preparation. 9-3-8(a)			